

**New Jersey State Mobile Intensive Care Advisory Council**  
**March 10, 2003**  
**Meeting Minutes**

Dr. Nevins called the meeting to order at 10:05 a.m.

The minutes for the December 2002 New Jersey State Mobile Intensive Care (MIC) Advisory Council Meeting were approved with no changes.

Dr. Nevins introduced new Medical Directors to the Council. They were Dr. Becher from Atlantic City Medical Center MIC Program, Dr. Ortega from Saint Clare's Hospital MIC Program and Dr. Marc Grossman from Jersey City Medical Center MIC Program.

**RSI UPDATE-**

*DR. SOL NEVINS*

Dr. Sol Nevins, Dr. Jim Pruden and Dr. Joe Hummel attended the New Jersey Trauma Council meeting in December 2002. They presented the training program and answered questions regarding the medical command and the direct physician oversight when RSI is utilized in the field. The general feeling of the meeting is that the majority of the trauma surgeons are not opposed to RSI being used by ground ALS units with clear physician oversight and review.

**CMS UPDATE-**

*DR. SOL NEVINS*

The blue ribbon panel appointed by Commissioner Lacy has begun discussion regarding the future of our current delivery system. This panel is to focus on access to EMS care, coverage of EMS and the viability of funding.

Discussion to obtain views from this council. Strong consensus to keep the two paramedic tier system. Work off of the 1993 NTHSA survey to improve BLS. Legislation to require EMS. System finance. Medical control protocol driven system. Education, career ladder for paramedics.

If anyone has any additional suggestions, they are encouraged to e-mail Dr. Pruden @ [prudenj@sjhs.org](mailto:prudenj@sjhs.org), Dr. Waxler @ [jwaxler@sbhcs.com](mailto:jwaxler@sbhcs.com) and Dr. Nevins @ [Nevinss@optonline.net](mailto:Nevinss@optonline.net)

**MICU FUTURE PLANNING**

*DR. JENNIFER WAXLER*

A discussion was held regarding the blue ribbon panel.

**MEDICATIONS/DEVICES**

*DR. ROBERT LAHITA*

A motion was proposed to add Atrovent as an optional medication. This motion passed unanimously. A discussion was held and OEMS will prepare a waiver for Atrovent until the rule making process is complete and is added in the regulations.

A letter from the federal Department of Health and Human Services was presented to the committee. In this letter, it was suggested that Sodium Thiosulfate is the most important medication to have available for cyanide poisoning to prehospital personnel. A motion was proposed to add Sodium Thiosulfate as an optional medication. This motion passed unanimously. A discussion was held and OEMS will prepare a waiver for Sodium Thiosulfate until the rule making process is complete and is added in the regulations.

The standing order for Cyanide Poisoning will be slightly changed to allow a medical director to choose the option of using a prepackaged cyanide poison antidote kit or Sodium Thiosulfate. A reminder was made by OEMS that the cyanide kit must be kept as a kit and the medications could not be carried outside of the sealed kit.

There was a strong recommendation made by the Chairperson of the Council to encourage every MIC Program to carry sufficient cyanide poisoning kits or sodium thiosulfate and nerve agent antidote kits for their personnel.

Dr. Hummel requested that the Department look at the wording in the regulations regarding the use of intraosseous on adults.

Marty Hogan presented an overview of Hunterdon Medical Center's Retavase study. The number of patients entered into the study continues to be small. There have been no untoward outcomes from the study. Paramedics screen patients for qualification of Retavase, a 12 lead is completed and sent to the medical command physician along with an assessment. The medical command physician makes the determination if the study medication shall be administered.

Marty Hogan presented an overview of Hunterdon Medical Center's LMA pilot study. There are 106 agencies participating and 223 EMT-Bs have been trained. There have been six opportunities to insert the LMA by BLS. All six opportunities were successfully placed and not removed by ALS.

## **STANDING ORDERS**

*DR. LARRY DESROCHERS*

A motion was made to slightly change the current standing order for Cyanide Poisoning to be slightly changed to allow a medical director to choose the option

of using a prepackaged cyanide poison antidote kit or Sodium Thiosulfate. This motion passed unanimously.

A motion was made to allow narcan to be administered intramuscularly if intravenous access was not available in the Altered Mental Status standing order. This motion passed unanimously.

#### **LEGISLATION**

*DR. DAVID SCHRECK*

No report was given.

#### **EMS COUNCIL**

*DR. JIM PRUDEN*

There are a number of opportunities to obtain funding to become better prepared to respond to incidents of WMD and terrorism. A motion was proposed for a letter to be sent to the Commissioner urging him and the Department of Health and Senior Services to research funding mechanisms to be distributed to the MIC Programs. This motion passed unanimously. A discussion was held.

Assembly bill A1971 regarding the use of coordinated wireless communications does not include EMS. A letter was sent to the Attorney General requesting EMS be included in this committee.

There currently is a shortage of antidotes for nerve agent poisoning. The Council is seeking guidance from the Commissioner to see if the antidotes can be carried past their expiration date until the demand is met for these kits.

The New Jersey State First Aid Council withdrew their request to create a first responder to EMT-B bridge course.

EMS for Children conducted a one-day seminar for school nurses for disaster planning. This seminar introduced the school nurses to the EMS industry and identified resources that are available to them.

Senate Bill S1227 referenced EMS in a bill that coordinates functions with fire departments. This bill has been amended and EMS was removed.

Assembly Bill A667 / Senate Bill S341 was one of the first laws signed into effect in 2003. This allows the Commissioner to promulgate regulations to oversee the use of Epi-Pens by EMT-Bs.

The Council operations subcommittee gave recommendations for an identification system for EMS personnel and EMS vehicles. The identification

system shall have a digital bar code strip with information encoded into the strip and then have readers distributed throughout the state.

There is a bill in the Assembly, A3320. This bill would allow EMT-Bs to carry and administer Glucagon.

#### **NEW JERSEY ASSOCIATION OF PARAMEDIC PROGRAMS**

*Mr. Marty Hogan*

The Leading Edge Conference will be held November 3, 2003 at Robert Wood Johnson in New Brunswick. Additional information will follow.

#### **JEMSTAR PROGRAM**

*DR. JOSEPH HUMMEL*

The JEMStar statistics for 2002 are:

- 1050 trauma flights
- 500 inter-facility flights
- 1650 cancellations
- 300 flights turned down due to weather
- 44 flights turned down due to mechanical

Due to budget constraints, the purchase of new Sirkorskis has been delayed.

#### **OEMS**

*Ms. SUSAN WAY*

The "Care for New Jersey's Children," sponsored by the New Jersey EMS for Children Advisory Council, will be held May 18 and 19, 2003 at the Ramada Inn in East Windsor.

The 4<sup>th</sup> Annual EMS Week Awards Dinner will be held Sunday, May 18, 2003 at the Ramada Inn & National Conference Center in East Windsor. Information will be posted on the OEMS web site.

Mr. Samuel Stewart, OEMS's new Regulatory Officer, was introduced to the advisory council.

Ms. Susan Way announced her resignation from the Office of EMS. Mrs. Karen Halupke Chief of OEMS will assure the role in an acting position until a permanent person is selected for the position. Dr. Nevins thanked Susan for her hard work and her ability to quickly understand the complex issues in our EMS system.

The regulations are due for publication in late April early May in the New Jersey Register.

Three applications for the JEMStar Program were received by OEMS. There are two complete applications for NorthStar and one for SouthStar. OEMS will announce the recipients.

Epi-Pen legislation has been signed into law. The MICU Advisory Council is responsible for developing the protocol and training program for the Epi-Pen.

Seven candidates attempted the paramedic examination, six failed the initial test. They were retested the same day and all successfully completed the testing process.

Instructor training for the EMT faculty was conducted with 45 potential instructor candidates. One person failed the screening process.

Hudson County College presented their new paramedic science courses to be held at the Jersey City and Union campuses. There will be 33 general credits awarded for a current paramedic certification and with 30 additional general education credits; paramedics will be able to obtain an Associates Degree. This program is a dual admission process. An MICU Clinical Program and the college must accept candidates. Enrollment will be limited at first due to the newness of the program. Applications are being accepted for the fall 2003 term.

## **EDUCATION**

*Mr. Robert Clawson*

The recent paramedic exam was conducted with seven candidates. Six of these candidates failed on the first attempt and passed on the second attempt.

Instructor training was conducted for EMT instructors. There were 45 candidates processed with one failure.

Hudson County Community College in conjunction with Jersey City Medical Center will begin offering a paramedic didactic program in the fall semester of 2003. Interested candidates must be accepted into the college along with being sponsored by Jersey City Medical Center. Interested persons can contact either agency.

## **OTHER BUSINESS**

The Chairperson established the election committee of Dr. Jim Pruden, Tom Starr and himself.

Meeting adjourned 12:00 p.m.

### **Next Meeting**

June 9, 2003  
New Jersey Hospital Association  
Princeton, New Jersey

### **2003 Dates**

September 8, 2003  
December 8, 2003

### **Motions:**

- A motion was proposed to add Atrovent as an optional medication. This motion passed unanimously.
- A motion was proposed to add Sodium Thiosulfate as an optional medication. This motion passed unanimously.
- A motion was made to slightly change the current standing order for Cyanide Poisoning to allow a medical director to choose the option of using prepackaged cyanide poison antidote kit or Sodium Thiosulfate. This motion passed unanimously.
- A motion was made to allow narcan to be administered intramuscularly if intravenous access was not available in the Altered Mental Status standing order. This motion passed unanimously.
- A motion was proposed for a letter to be sent to the Commissioner urging him and the Department of Health and Senior Services to research funding mechanisms to be distributed to the MIC Programs. This motion passed unanimously.